PTO/SB/17 (12-04/2)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

		ET THANKIBLE SITT HEREINERS				7104711 21 4111	WAS II TIESTING	THE PERSON NAMED IN COLUMN 1	
Effect Fees pursuant to the Consolla	tive on 12/08/2004. 18ted Appropriations Act, 2005 (H.R. 4018).			Complete if Known					
FEE TRANSMITTAL				Application Number		09/829,091		RECEIV	
			┺╶╽╴	iling Date		04/09/2	2001	CENTRAL FAX	
For FY 2005			٢	First Named Inventor		Paul J. Rankin			
Applicant claims small	entity status	See 37 CFR 1 27		xaminer Nem	e	Frantz	B. Jean	JAN 24	
*			— <u>└</u>	Art Unit		2151			
TOTAL AMOUNT OF PAY	MENT (\$)	910.00	Α	ttomey Docke	t No.	PHGB	000049		
METHOD OF PAYMEN	T (check all th	nat apply)							
Check Credit	Card Ma	oney Order	None	Other (please id:	entify):			
Deposit Account 0	Opposit Account N	umber:		Deposit A	conunt Na	me	_		
For the above identi	ified deposit ac	count, the Director i	is hereby	y authorized to	o: (check	ail that a	ipply)		
Charge fee(s)	indicated belo	w		Cham	ne fee(s)	indicate	d helow es	scept for the filing fee	
Charge any a	dditional fee(s)	or underpayments	of fee(s	, —		erpayme		we ming too	
under 37 CFF VARNING: Information on this	₹ 1.16 and 1.17 s form may hoco							Provide anadti co-d	
TOTAL STATE OF THE	on PTO-2038.	THE PUBLIC OF SER CO		SIIOUIU II	rot de tilc	14090 911	LINS IOIII. P	analmé élédif cáld	
FEE CALCULATION									
. Basic filing, seaf									
	FILING FEES SEAR Small Entity			CH FEES EXA		MINATION FEES Small Entity			
Application Type			ee (\$)	Fee (\$)	Fee		<u>11 ∈npt¥</u> 39 (\$)	Fees Paid (\$)	
Utility	300	150 5	500	250	200) 1	00		
Design	200	100 1	100	50	130)	65		
Plant	200	100 3	300	150	160)	80		
Reissue	300	150 5	500	250	600) 3	00		
Provisional	200	100	0	0	0		0		
 EXCESS CLAIM FEE Fee Description Each claim over 20 (in 							Fee (\$)	Small Entity Fee (\$)	
Each independent clair	im over 3 (inc	sues) :luding Reissnes)	A.				50 200	25 100	
Multiple dependent claims							360	180	
Total Claims Extra Claims Fee (\$) Fee				Paid (\$)		<u>Multiple Deno</u>		enondent Claims	
- 20 or HP = HP = highest number of total	cialme paid for if	X =					Fee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Claims	Fee (\$)	Fee Pal	ld (\$)		_			
HP = highest number of indep	endent delme on	X							
APPLICATION SIZE F	FF	-							
If the specification and	drawings exc	ccd 100 sheets of	f paper	(excluding q	electron	ically fi	l o d seque	nce or computer	
listings under 37 CF sheets or fraction the	K 1.32(e)), w	le application siz	se lee di	10 is \$250 (\$	1125 for	sinall c	ntity) for	each additional 50	
Total Sheets	Extra Sheets	Number of	f each ac	<u>iditional 50 c</u>	<u>r fractlo</u>	n thereo	f Fee	(\$) Fee Paid (\$)	
- 100 =		/ 50 =	(rc	v e of qu bnuc	vhole nu	nber) >			
OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)	
Other (e.g., late filing	surcintrge): <u>F</u>	nes for Request for	r Continu	ed Examinati	on and a	one mo	nth extensi	on <u>910</u>	
BMITTED BY	7 1 2		-, -		-				
nature (mm)	A. Ken	w book		istration No mey/Apont)	34,374		Telephor	^{ne} (585) 381-9983	
ie (Print/Type) dames D. L	(Print/Type) James D. Leimbach						Date 01/24/2006		

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentisity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including softwarp, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petert and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADURESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.